

APPLICANT MEDICAL PRESCREENING FORM

Authority: Sections 505, 510, and 3012, Title 10, U.S. Code. Principal purpose: To speed your medical examination processing by identifying possible medical problem areas and to aid the medical staff in determining your eligibility and physical capabilities. To prepare military service applicants for medical processing by identifying documents or medical history required. Disclosure: Voluntary; failure to provide the information requested will stop further processing of your enlistment application.

PART I. PROCESSING REQUIREMENTS (RECRUITER COMPLETES - VERIFY PERSONAL DATA ENTERED)

1.a. ARMED SERVICE PROCESSED FOR:

☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD

b. SERVICE COMPONENT

☐ REGULAR ☐ RESERVE ☐ NATIONAL GUARD

2. NAME OF APPLICANT (<i>Last, First, Middle</i>)		3. DATE OF BIRTH (<i>YYMMDD</i>)		4. SOCIAL SECURITY NUMBER	
5. HEIGHT (<i>actual</i>) (<i>inches</i>)	6. WEIGHT (<i>actual</i>) (<i>lbs</i>)	7. MAX WT ALLOWED (<i>lbs</i>)	8. DATE SCREENED (<i>YYMMDD</i>)		

PART II. MEDICAL HISTORY (APPLICANT) Check each item - explain "yes" and "unsure" answers in item 16.

9. PHYSICAL IMPAIRMENTS				11. DISEASES				13. TREATMENT OF ILLNESS/INJURY			
YES	NO	UNSURE		YES	NO	UNSURE		YES	NO	UNSURE	
			Have you ever had or have you now				Have you ever had or have you now				Have you ever
			a. Back trouble				a. Hepatitis				a. Taken any medicines
			b. Ear trouble or loss of hearing				b. Rheumatic Fever				b. Been hospitalized
			c. Eye trouble, injury or illness								c. Had bones surgically repaired using pins screws or plates
			d. Any deformity of, or missing fingers or toes								d. Had or have you now any illness or injury including broken bones which required treatment by a physician/ surgeon, hospitalization or a surgical operation.
			e. Any painful or "trick" joints or loss of movement in any joint								
			f. Impaired use of arms, legs, hands and feet								
			g. Have loss of vision in either eye								
10. CORRECTIVE DEVICES				12. FEDERAL GOVERNMENT ACTIONS				14. MEDICAL CONDITIONS			
YES	NO	UNSURE		YES	NO	UNSURE		YES	NO	UNSURE	
			Do you				Have you ever				a. Do you have any difficulty standing for a long time?
			a. Wear braces on your teeth				a. Been rejected for military service				Have you ever
			b. Wear contact lens or glasses				b. Been discharged from military service for mental, physical or other reasons				b. Been treated for a mental condition
			c. Wear a hearing aid				c. Do you receive or have you applied for disability from any Federal Agency.				c. Been a Sleepwalker since age 12.
											Have you ever had or have you now
											d. Addiction to drugs or alcohol
											e. Allergies
											f. Asthma or respiratory problems
											g. Bedwetting, since age 12.
											h. Epilepsy or seizures of any kind.
											i. Other medical problems or defects of any kind.

15. (FEMALES ONLY) DATE OF LAST MENSTRUAL PERIOD (*YYMMDD*):

16. EXPLANATION OF "YES" AND "UNSURE" ANSWERS: DESCRIBE PROBLEM. GIVE AGE AT TIME OF PROBLEM, NAME OF DOCTOR AND/OR HOSPITAL WHERE TREATED, AND YOUR CURRENT STATUS REGARDING THAT PROBLEM.

PART III. CERTIFICATION BY APPLICANT AND RECRUITER

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future. **WARNING.**

a. Applicant. I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history.

b. Recruiting Representative. I certify all information is complete and true to the best of my knowledge. I have conducted the medical prescreening requirements as directed by service regulations.

APPLICANT'S SIGNATURE

NAME OF RECRUITING REP. (*Last, First, M.I.*)

PAY GRADE OF RECRUITING REP.

DATE SIGNED (*YYMMDD*)

SIGNATURE OF RECRUITING REP.

DATE SIGNED
(*YYMMDD*)

PART IV. MEDICAL PROCESSING INSTRUCTIONS TO APPLICANT (Rctg Rep Check Blocks - Applicant Initials)

The Armed Forces Examining and Entrance Station (AFEES) or other military medical facility will conduct a thorough medical examination. You should provide any medical records or documents regarding illness, hospitalization, injuries, treatment, or surgery which may be required/requested by the examining physician. The items below apply specifically to you and represent requirements of the medical staff. Please initial each checked item in the blank provided to indicate that you understand.

PREPARATION FOR MEDICAL EXAMINATION**INSTRUCTIONS**

- ☐ 1. Take medical documents as discussed. _____
- ☐ 2. Take eye glasses. _____
- ☐ 3. Wear contact lenses. Also take your eye glasses with you or a statement from the optometrist/ophthalmologist of visual acuity and eye glass refractive error. Statement must be less than one year old. _____
- ☐ 4. Bring a statement from your orthodontist saying that the braces you are wearing will be removed at your expense and active treatment ended before your active duty date. _____
- ☐ 5. Males wear undershorts; females wear bra and panties for medical examination. _____

ACKNOWLEDGMENTS

- ☐ 1. I understand that I will undergo a pelvic/rectal examination. (females only) _____
- ☐ 2. My medical examinations may take more than 1 day if tests are required. _____
- ☐ 3. I've been briefed on the processing procedures and I understand them. _____
- ☐ 4. I must lose _____ pounds before further processing can take place. _____
- ☐ 5. I appear to be ineligible for further processing for the following reasons:

NOTE: In questionable cases, use DIAL-A-MEDIC procedures to call or forward this form and other documents to the AFEES Chief Medical Officer through the service rep. prior to scheduling a medical examination.

PART V. MEDICAL OFFICER'S COMMENTS

Based on information provided, further processing is:

- ☐ Authorized ☐ Not Justified
- ☐ Deferred pending review of additional documentation
(attach supplemental page for remarks)

SIGNATURE AFEES MEDICAL OFFICER

DATE SIGNED (*YYMMDD*)